

Little Acorns Learning Center

Permission to Administer

I, _____, give permission for
(Parent or Guardian's name)

Little Acorns Learning Center to administer the following parent and/or guardian provided products according to the manufactures instruction or as otherwise specified.

Product	Yes	No
• Sun Block	_____	_____
• Insect Repellent	_____	_____
• Lotion	_____	_____
• Lip Balm	_____	_____
• Rash Ointment	_____	_____
• Hand Sanitizer	_____	_____

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed: _____
(Parent or Guardian signature)

Printed Name: _____

Child (ren) Printed Name (s): _____

Date: _____